

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005256

STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6230 Registrar's No. 20

FILED FEB 6 1962

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Metz Township		c. CITY OR TOWN 5 Mi S.W. Rich Hill	
Length of stay in 1b 14 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi S.W. Rich Hill		d. STREET ADDRESS (If outside, give location) Metz Township	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First OLIVER Middle PERRY Last STOKER		4. DATE OF DEATH Month January Day 30 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/22/79
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harvey Stoker		13b. MOTHER'S MAIDEN NAME Margaret Ross	
14. NAME OF HUSBAND OR WIFE Ellen Stoker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 4-12-10-1000-1	
17. INFORMANT Mrs. Ellen Stoker-Rich Hill, Mo.		Address Rich Hill, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suggestive of heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Chronic heart disease DUE TO (b) 4 yrs DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:00 a.m. PM Month, Day, Year 2/2/62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Rich Hill, Mo.	
20g. COUNTY Vernon		20h. STATE Missouri	
21. I attended the deceased from 2/2/62 to 2/2/62 and last saw him alive on 2/2/62 Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. J. H. Stoker (Degree or title)		22b. ADDRESS Rich Hill, Mo.	
22c. DATE SIGNED 2/2/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/2/62	23c. NAME OF CEMETERY OR CREMATORY Johnson County Mem. Garden-Overland Park, Kansas	
23d. LOCATION (City, town, or county) Rich Hill, Mo.			
24. FUNERAL DIRECTOR Booth Funeral Serv. Rich Hill, MO		25. DATE RECD. BY LOCAL REG. Feb 1st 1962	
26. REGISTRAR'S SIGNATURE Anna E. Jarry			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.